## thumbnail 1inchOHUser Access Request

# Ohio Courts Network

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|  |
| Select one of the following: |
|[ ]  New User |  *This person has* ***never*** *had an OCN User ID for any reason through \_ \_ any court or agency.* |
|[ ]  Existing User | OCN User ID:     | *This person* ***already has*** *or* ***previously had*** *an OCN User ID, even if it was through a different court or agency.* |
| 1. Applicant Information |
| Full Name: |       |       |       |  |  |
|   | Last | First | M.I. |
| Title/Role: |       | OCN Agency\*: |       |
| Phone: | (     )       | E-mail Address: |       |
| \*Please provide the full name of the court, jail, or agency through which you are requesting access |
| 2. Data Source Access |
| Select data sources necessary in the applicant’s current position: | Juvenile Courts Only |
|[ ]  **Court Case Data***(Includes Juvenile Delinquency, Unruly and Traffic Cases.)* | **\*\*Only Juvenile Courts may select these sources – if either source is selected, this form MUST be signed by the Judge\*\*** |
| [ ]  | **BMV** | [ ]  | **In-state Criminal History** |  | [ ]  | **Sensitive Juvenile Case Data** *(Abuse, Neglect, and Dependency Cases)* |
| [ ]  | **ODRC** | [ ]  | **Jail Booking Data** |  |  |  |
|[ ]  **Probation Data** | [ ]  | **Protection Orders** |  | [ ]  | **DYS Reports** |
| 3. Terms and Conditions |
| By my signature below, I certify the accuracy of the above information and agree to each of the following:* I will not give OCN access capabilities, including my password, to anyone for any reason.
* I will submit an update when the above information changes or my access needs change.
* I will not use the OCN portal to respond to public requests for records or information.
* I will only use the OCN for official purposes and not for personal purposes or personal gain.
* I will comply with all other applicable laws, rules, and policies regarding the use of information obtained from the OCN.
* I understand that any violation of these terms and conditions shall result in immediate revocation of access to the OCN.
* I understand my use of the OCN may be monitored or audited by various means, which may occur without prior notice.
* I understand my misuse of information obtained from the OCN may result in appropriate administrative or legal action.
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|  | Applicant’s Signature | Date |
| 4. Authorized Signature |
| I authorize that this applicant be provided access to the OCN and affirm the applicant serves in the role indicated and has a valid legitimate need to access the requested data sources. |
|  | OCN Coordinator (or Juvenile Court Judge)\* Signature | Date |
|  | OCN Coordinator (or Juvenile Court Judge)\* Printed Name      |  |
| *\* Juvenile Court Judge’s signature is required if “Sensitive Juvenile Case Data” and/or “DYS Reports” is selected above.* |
|  |
| Return scanned, signed and completed forms to:**OCNHelp@sc.ohio.gov** |  |  |